



NAME _____

VACANCY # _____

City of Flagstaff
POLICE DEPARTMENT

BACKGROUND QUESTIONNAIRE

Follow Directions Carefully

1. Use ink to complete questionnaire.
2. Complete in your own handwriting or printing.
3. Write or print legibly.
4. Read each question carefully.
5. Answer each question completely and accurately.
6. Answer all questions.
7. If a question does not apply, write N/A in the space.
8. If you need additional space, write on the back of the page.
9. Sign the questionnaire and have it notarized. The Police Department will not notarize your signature.
10. When completed return to:

Human Resources
City of Flagstaff
211 W. Aspen Avenue
Flagstaff, AZ 86001

or

Flagstaff Police Department
911 E. Sawmill Road
Flagstaff, AZ 86001

NOTE: Failure to follow instructions, or incomplete information, will delay the background process or eliminate you from further processing. Your incomplete packet will be rejected.

- ❖ Complete Addresses: Street Addresses, City, State and Zip Code.
- ❖ Complete area codes and telephone numbers



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

I. TO THE APPLICANT

Certification by the Arizona Peace Officer Standards and Training Board is required by state law, A.R.S. §41-1823.B, prior to a person being authorized to act in the capacity of a peace officer. To be considered for certification under the rules of AZ POST, you must complete this application and **RETURN IT TO THE DEPARTMENT TO WHICH YOU ARE APPLYING.**

II. A FALSE OR MISLEADING STATEMENT ON THIS FORM IS A CRIME UNDER §13-2704, §13-2907.01 AND §39-161 AND IS CAUSE TO DENY OR REVOKE PEACE OFFICER CERTIFICATION.

The existence of any of the following conditions may result in rejection from the selection process. These areas will be explored extensively during a background investigation including a polygraph examination:

- a. Illegal drug use,
- b. Participation in criminal activity or behavior,
- c. Poor driving record,
- d. Dishonesty/providing false information.

III. PUBLIC DISCLOSURE OF INFORMATION

Your Social Security Number is required by A.R.S. §25-320 and is requested for identification and record keeping purposes. AZ POST does not disclose Social Security Numbers in response to public record requests.

IV. INSTRUCTIONS

Read every question carefully. Answer every question. If the question does not apply to you, write "DNA" in the answer space. **Do not leave blank answer spaces.** Please print clearly. When using the continuation sheet, please note the question number you are referring to. Applications that are incomplete or cannot be read will not be accepted.

V. PEACE OFFICER CODE OF ETHICS

I will exercise self-restraint and be constantly mindful of the welfare of others. I will be exemplary in obeying the laws of the land and loyal to the state of Arizona and my agency and its objectives and regulations. Whatever I see or hear of a confidential nature or that is confided to me in my official capacity will be kept secure unless revelation is necessary in the performance of my duty.

I will never take selfish advantage of my position and will not allow my personal feelings, animosities or friendships to influence my actions or decisions. I will exercise the authority of my office to the best of my ability, with courtesy and vigilance, and without favor, malice, ill will, or compromise. I am a servant of the people and I recognize my position as a symbol of public faith. I accept it as a public trust to be held so long as I am true to the law and serve the people of Arizona.

CERTIFICATION:

I hereby certify that I have read the above Code of Ethics and agree to abide by it.

SIGNATURE OF APPLICANT: _____

DATE: _____



Arizona Peace Officer Standards and Training Board



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DO HEREBY AUTHORIZE any and all persons, employers, partnerships, corporations and all civilian and government entities, military agencies, law enforcement agencies, private, and city, county, state and federal entities to release, furnish and exchange any and all available information relating to me for the purpose of determining my suitability to be appointed and certified as a peace officer. This includes, but is not limited to, all information related to my employment, performance, disciplinary history, character, integrity, reputation, conduct, behavior and fitness for duty.

This authorizes release to the **ARIZONA PEACE OFFICER STANDARDS AND TRAINING BOARD** and the (agency) _____. This release is in addition to, and not intended to curtail or diminish, the authorization and immunity provided by statute. **I DO HEREBY RELEASE** from any and all liability, all persons or entities disclosing information pursuant to this release.

Signature of Applicant:

Date:

Sworn and Subscribed To Before Me This

Day of

,

By:

State of:

County of:

Signature of Notary Public:



Arizona Peace Officer Standards and Training Board



STATEMENT OF PERSONAL HISTORY AND APPLICATION FOR CERTIFICATION

ARIZONA ADMINISTRATIVE CODE R13-4-106: A person who seeks to be appointed shall complete and submit to the appointing agency a personal history statement on a form prescribed by the Board before the start of a background investigation. The history statement shall contain answers to questions that aid in determining whether the person is eligible for certified status as a peace officer. The questions shall concern whether the person meets the minimum requirements for appointment, has engaged in conduct or a pattern of conduct that would jeopardize the public trust in the law enforcement profession and is of good moral character.

INSTRUCTIONS: Print or type all answers. Read every question carefully and answer every question. **DO NOT LEAVE BLANK SPACES.** If the question does not apply to you, print or type "DNA" in that answer block. Incomplete or unsigned statements cannot be processed. If additional space is required, use the Continuation Sheet. Also, use this sheet to expound or explain your answer. All information provided is subject to verification. Information on this form may constitute a "public record or other matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. §39-121 *et seq.*

1. Name (Last, First, Middle):			
2. Address:		3. City:	4. State/Zip Code:
5. Date of Birth (Month/Day/Year):	6. Place of Birth (City, State):	7. Social Security Number:	
8. List here any other names, DOB's or SSN's you have used:			
9. Current Marital Status:		10. Spouse's Name Before Marriage:	
11. Home Telephone Number:		12. Work Telephone Number:	13. Cell/Mobile Number:
14. Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> PLEASE ATTACH COPY OF BIRTH CERTIFICATE OR OTHER VERIFICATION OF CITIZENSHIP.			
15. Do you have (Check One) <input type="checkbox"/> G.E.D. Certificate <input type="checkbox"/> High School Diploma Please attach a copy of one of the above.		16. When and where did you receive it?	
17. MILITARY SERVICE: YES <input type="checkbox"/> NO <input type="checkbox"/> If YES attach the member 4 copy of the DD 214 and continue with this section. If NO skip to #18.			
Branch of Service: _____ Honorable Discharge: YES <input type="checkbox"/> NO <input type="checkbox"/> _____ If NO list type of discharge/separation and explain on the Continuation Sheet.		Date Entered: _____ Date Separated: _____ Were you ever arrested, cited or apprehended by military police? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.	
Are you currently a member of a U.S. Reserve or National Guard Unit? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES list current assignment:		Were you ever the subject of a report or investigation by military police or other investigative service (i.e., CID, NIS, OSI)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.	
Did you ever receive a court martial or Non-judicial punishment for a violation of the Uniform Code of Military Justice (UCMJ)? YES <input type="checkbox"/> NO <input type="checkbox"/> If YES explain on the Continuation Sheet.			
AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
U.S. Citizen (Documentation in File)		High School Diploma/GED (Documentation in File)	
21 Years of Age		Military Service if applicable (Documentation in File)	

18. **PERSONAL REFERENCES:** List at least three people who have known you for over one year, excluding relatives or former employers, who can answer questions concerning your past conduct and character as it applies to your meeting the minimum standards for appointment.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Work Telephone No.	Years Known

19. **EXCLUDING FAMILY MEMBERS, LIST ALL PERSONS YOU HAVE LIVED WITH DURING THE PAST FIVE YEARS.** Use the Continuation Sheet if necessary.

Name	Street Address, City, State, Zip Code	Home Telephone No.	Relationship

20. **FAMILY REFERENCES:** List all immediate relatives, (i.e., parents, siblings, spouse, ex-spouse(s) and all children). Use the Continuation Sheet if necessary.

Name	Relationship	Age	Street Address, City, State, Zip code	Telephone No.

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

Personal References Contacted and Results Documented

Residences and Family References Listed

21. EMPLOYMENT HISTORY: Show all employment beginning with most recent employer. Use the Continuation Sheet if necessary.					
Dates of Employment		Name and Address of Employer (Street, City, State)	Supervisor's Name and Phone Number	Job Title/Duties	Reason for Leaving
From	To				

22. LIST ALL COLLEGES OR UNIVERSITIES YOU HAVE ATTENDED Beginning with the most recent:			
School	Dates Attended	Course of Study	Degree Received or Total Credit Hours

23. RESIDENCES: List all residences during the past five years. Use the Continuation Sheet if necessary.				
From	To	Street Address	City	State/County

AGENCY VERIFICATION:		INITIALS:	DATE:	INITIALS:
Employment Verified and Results Documented			Certificates or Degrees, Documentation in File	
Residences Verified and Results Documented in File				

24. **POLICE CONTACTS:** List all incidents in which you were cited, arrested, accused or charged with a crime other than traffic violations. Include incidents that occurred as a juvenile, any that were expunged, set aside, dismissed, referred to pre-trial diversion or pardoned. Provide a full explanation on the Continuation Sheet.

Date	Location	Police Agency	Original Charge	Disposition/Court Action

25. **CIVIL ACTIONS** List all civil actions in which you were a party, (i.e., divorces, bankruptcy, small claims court, lawsuits etc.):

Date	Location	Action or Proceeding	Disposition/Court Action

26. **CURRENT DRIVER'S LICENSE:**

State: _____ Expiration Date: _____

License Number: _____

27. **PREVIOUS DRIVER'S LICENSE INFORMATION**

List all states/countries where you have been licensed:

28. **HAVE YOU EVER HAD YOUR DRIVER'S LICENSE REVOKED OR SUSPENDED?**

YES ☐ NO ☐

If YES provide a full explanation on the Continuation Sheet.

29. **MOTOR VEHICLE OPERATION** List all moving violations for which you were cited. Use the Continuation Sheet if necessary

Date	Location and Issuing Agency	Violation Charged	Collision Related	Court Disposition
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	
			YES <input type="checkbox"/> NO <input type="checkbox"/>	

AGENCY VERIFICATION:

INITIALS:

DATE:

INITIALS:

Police Contacts Queried and Results Documented in Files

Civil Actions Queried and Results Documented in Files

Motor Vehicle Records Queried and Results Documented in File

30. ILLEGAL USE OF DRUGS/CONTROLLED SUBSTANCES:						
TYPE OF DRUG	HAVE YOU EVER SOLD, SMUGGLED OR TRANSPORTED FOR SALE OR PERSONAL GAIN?	HAVE YOU EVER USED, TRIED OR EXPERIMENTED WITH?	IF YES HOW MANY TIMES?	HOW MANY TIMES AFTER AGE 21?	DATE FIRST USED	DATE LAST USED
MARIJUANA	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
COCAINE/CRACK	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
METHAMPHETAMINE/SPEED	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HEROIN	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
OPIUM	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MORPHINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
LSA/ACID	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
PEYOTE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
MESCALINE	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
HASHISH	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
STERIODS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ANY OTHER ILLEGAL DRUG OR NARCOTIC	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				
ILLEGAL USE OF PRESCRIPTION DRUGS	YES <input type="checkbox"/> NO <input type="checkbox"/>	YES <input type="checkbox"/> NO <input type="checkbox"/>				

31. IF YOU ANSWERED YES ON ANY OF THE AREAS IN QUESTION #30, <u>PROVIDE A FULL EXPLANATION ON THE CONTINUATION SHEET</u> INCLUDE, IF APPLICABLE, THE FOLLOWING:	
a. How the drug was ingested or consumed, b. The duration of usage, c. The motivation for use,	d. How the drug was obtained, e. Why you stopped using the drug, f. Any other factors you believe are relevant.

32. CRIMINAL CONDUCT:	
a. Have you ever <u>committed</u> a felony or an offense which would be a felony if committed in this state? If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/> NO <input type="checkbox"/>
b. Have you ever committed a criminal offense involving dishonesty, theft, unlawful sexual conduct or physical violence?	YES <input type="checkbox"/> NO <input type="checkbox"/>

33. Are you now, or have you ever been, a member of any foreign or domestic organization, association, movement, group or combination of persons which has adopted or shows a policy of advocating the commission of force or violence to deny other persons their rights under the Constitution of the United States of America or the state of Arizona, or which seeks to alter the form of government of the United States of America by unconstitutional means? If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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34. Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly, to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations or traffic violations? If YES provide a full explanation on the Continuation Sheet.	YES <input type="checkbox"/> NO <input type="checkbox"/>
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AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:
Applicant Meets Drug Standards/Does Not Meet Standards Yes No		ACIC/ACCH Checked	
Criminal History Check Completed and Documentation in File		NCIC/III Checked	

35. Do you have prior peace officer certification/employment in Arizona or any other states? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES provide the following information: Name of Agency	Dates of Employment		City	State
	From	To		
a. If prior Arizona certified, attach verification of most current AZ POST continuing and proficiency training and firearms qualifications.				
b. Has your peace officer certification been revoked, suspended, canceled or denied for any reason? If YES provide a full explanation on the Continuation Sheet. YES <input type="checkbox"/> NO <input type="checkbox"/>				
c. Have you, while on duty as a peace officer and without authorization, used or been under the influence of spirituous liquor? If YES provide a full explanation on the Continuation Sheet. YES <input type="checkbox"/> NO <input type="checkbox"/>				
d. Have you received discipline for any improper conduct as a peace officer. If YES provide a full explanation on the Continuation Sheet. Discipline: Letter of reprimand/counseling, suspension, termination or demotion. YES <input type="checkbox"/> NO <input type="checkbox"/>				
36. Have you applied with any other law enforcement agencies in the past three years? YES <input type="checkbox"/> NO <input type="checkbox"/>				
If YES provide the following information: Name of Agency	Date of Application	Was Polygraph Taken?		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
		YES <input type="checkbox"/> NO <input type="checkbox"/>		
37. CERTIFICATION:				
I hereby certify under penalty of law that the entries on this statement and the attached Continuation Sheet are true, complete and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a false or misleading statement on this form constitutes a violation of the law and is cause to deny, suspend or revoke peace officer certification.				
SIGNATURE OF APPLICANT: _____ DATE: _____				
AGENCY VERIFICATION:	INITIALS:	DATE:	INITIALS:	
Previous Agencies Applied To Queried and Results Documented		Certification History Verified and Results Documented in File		
Training and Firearms Requirements Documentation in File		Valid Certification Verified and Documentation in File		
Improper Conduct Researched and Documentation in File		Fingerprint Card Submitted - AZ DPS		
Signature and Date Completed		Fingerprint Card Submitted - FBI		

AGENCY VERIFICATION OF APPLICANTS QUALIFICATIONS AND DOCUMENTATION

Page 1	Code of Ethics read, signed and dated.	(Please initial)
Page 2	Authorization for Release of Information fully completed and notarized.	
Page 3	Agency Verification completed and results documented in file.	
Page 4	Agency Verification completed and results documented in file.	
Page 5	Agency Verification completed and results documented in file.	
Page 6	Agency Verification completed and results documented in file.	
Page 7	Agency Verification completed and results documented in file.	
Page 8	Agency Verification completed and results documented in file.	
Applicant meets minimum qualifications and documentation is complete and in file.		
Applicant does not meet minimum qualifications.		Application Process Terminated
Reason for Disqualification:		
Medical Examination completed and in file and applicant meets standards.		
Medical Examination completed and in file and applicant does not meet standards.		
ME and MH forms properly completed and in file.		
F.B.I./D.P.S. record checks completed and in file and no record found.		
F.B.I./D.P.S. record checks completed and in file and reflects arrest record.		
F.B.I./D.P.S. Fingerprint check has been submitted, no return yet.		
NCIC/III/ACIC/ACCH records check completed and in file and no record found.		
NCIC/III/ACIC/ACCH records check completed and in file and record found.		
Polygraph completed and report in file and applicant passed.		
Polygraph completed and report in file and applicant failed.		
Applicant meets all requirements and may be employed.		
Applicant does not meet all requirements.		Application Process Terminated
Reason for Disqualification:		
AGENCY CERTIFICATION:		
<p>I hereby certify that I have reviewed this application for completeness and the required documentation in accordance with R13-4-106(C)(7) and hereby attest that this person meets minimum qualifications for appointment, has not engaged in conduct or a pattern of conduct that would jeopardize public trust in the law enforcement profession, is of good moral character and have completed this report to document that finding.</p>		
NAME OF REVIEWER: _____ TITLE: _____ <div style="text-align: center;">(Printed)</div>		
SIGNATURE OF REVIEWER: _____ DATE: _____		

Flagstaff Police Department

Date _____

Position _____

☐ Sworn ☐ Civilian

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment, or for a commission with the FLAGSTAFF POLICE DEPARTMENT.

An extensive background investigation will be conducted into your personal history.

Applicants will be required to take a polygraph examination to confirm the information in this questionnaire, and to determine other items of background information.

I understand that the questionnaire will be used in the background evaluation of my fitness to be a Flagstaff Police Department employee (commissioned officer or civilian). I further understand that the results of the background evaluation are for the exclusive use of the Department and will not be released. Further, that no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment or a commission will be furnished or given to me.

Where written explanations are required in this form, it is **mandatory** that the information be listed TOTALLY AND COMPLETELY.

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored during an extensive background investigation, polygraph examination, and a psychological profile evaluation.

NOTE: Appropriate business attire is required for all steps of your processing, including all interviews, polygraph examinations, psychological evaluations, and employee orientations. Failure to comply may result in removal from the selection process.

Criteria Standards for Disqualification

- ☐ 1. Any Felony, No Time Limit
- ☐ 2. Participation in any Serious Crime
- ☐ 3. Any Misdemeanor Conviction involving Narcotics, Drugs, and Marijuana
- ☐ 4. Any Selling of Narcotics, Drugs, or Marijuana.

- ☐ 5. Any *illegal* use of opiate narcotics, hallucinogens, and/or other dangerous drugs.
(Includes LSD, PCP, Peyote, Mescaline, Codeine, Heroin, Morphine, Opium, Psilocybin.
Cocaine, Hash, Speed, Barbiturates, ETC.)
- ☐ 6. Any recent use of Marijuana.
- ☐ 7. Any *excessive* illegal use of Marijuana.
- ☐ 8. Any history of disregard for traffic laws with such frequency so as to indicate a disrespect
for traffic laws and A disregard for the safety of other persons on the highway.
- ☐ 9. Any sexual conduct prohibited by Law.
- ☐ 10. Negligence in maintaining financial responsibility.

Please confirm that you have read, understand, and agree to the aforementioned conditions and criteria by signing below.

Signature _____ Date _____

Sworn to and subscribed before me

This _____ day of _____, 20 _____.

Notary Public

Public Disclosure of Information

Your Social Security Number is requested for identification and record keeping purposes. Disclosure of your social security number is for the purpose of conducting a thorough background investigation. The information included on this form may constitute a "public record of matter" requiring public disclosure under Arizona's Public Records Law, A.R.S. 39-121 *et seq.*

Where necessary, use the reverse of page to complete answers throughout this questionnaire.

1. Personal Data

_____ Last Name	_____ First	_____ Middle (Full)	_____ Home Phone
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_____ Current employment work hours	_____ Days Off	_____ Work Phone
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Are you a United States Citizen? ☐ YES ☐ NO

_____ Current Address	_____ City	_____ State	_____ Zip Code
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Length of time at address: _____ Social Security # _____

_____ Height	_____ Weight	_____ Hair	_____ Eyes	_____ Date of Birth	_____ Place of Birth
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List any other names, social security numbers, or dates of birth you have used.

List all residences in the last 10 years:

_____ Address	_____ City	_____ State	_____ Zip Code
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_____ Address	_____ City	_____ State	_____ Zip Code
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_____ Address	_____ City	_____ State	_____ Zip Code
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2. Marital Status

Status : ☐ Married ☐ Single ☐ Separated ☐ Divorced ☐ Widowed ☐ Co-Habitate

If male and married, list wife's maiden name: _____

_____ Spouse's Name	_____ Date of Birth	_____ Occupation
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List **all** persons with whom you have lived during the past five years. **Do not** include family members.

Name	Street Address	City, State, Zip	Area Code & Telephone	Relationship

FAMILY REFERENCES: List all immediate relatives; parents, siblings, in-laws, and ex-spouses.

Name	Relation-ship	Age	Street Address	City, State, Zip	Area Code Telephone

3. Employment History

List all places of employment and unemployment in the past 10 years, beginning with the present or most recent employer and going backwards. List everything in proper sequence, use the following page if necessary, OMIT NONE!

Month and Year	Name of Employer	Supervisor
From:		
To: Current		
Salary	Complete Employer Address	(Area Code) Telephone
Start:		
End:		
Job Title – Describe your duties:		
Reason for Leaving (ie: resigned, fired, laid off):		

Month and Year	Name of Employer	Supervisor
From:		
To:		
Salary	Complete Employer Address	(Area Code) Telephone
Start:		
End:		
Job Title – Describe your duties:		
Reason for Leaving (ie: resigned, fired, laid off):		

Month and Year	Name of Employer	Supervisor
From:		
To:		
Salary	Complete Employer Address	(Area Code) Telephone
Start:		
End:		
Job Title – Describe your duties:		
Reason for Leaving (ie: resigned, fired, laid off):		

3. Employment History (continued)
(Use back of page if necessary)

Month and Year	Name of Employer	Supervisor
From:		
To:		
Salary	Complete Employer Address	(Area Code) Telephone
Start:		
End:		
Job Title - Describe your duties:		
Reason for Leaving (ie: resigned, fired, laid off):		

Month and Year	Name of Employer	Supervisor
From:		
To:		
Salary	Complete Employer Address	(Area Code) Telephone
Start:		
End:		
Job Title - Describe your duties:		
Reason for Leaving (ie: resigned, fired, laid off):		

Month and Year	Name of Employer	Supervisor
From:		
To:		
Salary	Complete Employer Address	(Area Code) Telephone
Start:		
End:		
Job Title - Describe your duties:		
Reason for Leaving (ie: resigned, fired, laid off):		

4. References

- A) List three (3) references (not relatives or former employers) who are responsible adults, and who have known you well during the past five years (5) years (include area code and phone):

Name	Complete Address	Area Code & Telephone
How Long known	Occupation & Business Address	Work Area Code & Telephone

Name	Complete Address	Area Code & Telephone
How Long known	Occupation & Business Address	Work Area Code & Telephone

Name	Complete Address	Area Code & Telephone
How Long known	Occupation & Business Address	Work Area Code & Telephone

- B) List the names of any acquaintances employed by this Department:

- C) Have you ever applied to, or been employed by the Flagstaff Police Department as a paid employee or as a volunteer?

☐ YES ☐ NO If YES, date & position: _____

- D) Have you ever applied for any position with another law enforcement agency? ☐ YES ☐ NO
If YES, explain (use back of page if necessary):

Date	Agency Name and State	Status of Application

- E) Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or paid employee? ☐ YES ☐ NO If YES, when/where:

When	Where

- F) Have you ever received any law enforcement training ☐ YES ☐ NO If YES, explain:

When	Where	Type of Training

- G) Have you ever been certified as a police officer? ☐ YES ☐ NO If YES, explain:

When	Where	Type of Certificate

5. Education and Training

- A) List all schools (high schools, colleges, universities, and graduate schools) you have attended. List GED if applicable:

Date Graduated	School Name	Address	Diploma Received

- B) List all skills or abilities possessed (include foreign languages):

6. Organizational Membership

- A) Are you now or have you ever been a member of any foreign or domestic organization, association, movement, group, or combination of persons which is totalitarian, fascist, communist, or subversive, or which has adopted or shows a policy of advocating or approving the commission of acts of force or violence to deny other persons their rights under the Constitution of the United States or the State of Arizona, by any unlawful or unconstitutional means? ☐ YES ☐ NO If YES, explain:

7. Military Status

- A) Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any Military Reserve unit? ☐ YES ☐ NO If YES, explain:

Entry Date	Rank/Branch/ Organization	Discharge Type	Date

- B) Are you registered with the Selective Service? ☐ YES ☐ NO ☐ N/A

Local Board #	Address	Draft Class	Date Classified

8. Arrest History

Have you ever been given a ticket, arrested, convicted, charged, or questioned for any offense; violation of any statute or ordinance; and/or law regulation by any civil or military authority. (Includes any convictions or adjudication as a juvenile.) ☐ YES ☐ NO If YES, describe below:

Date	Location	Arresting Agency	Original Charge	Reduced To	Disposition/ Court Action

9. Driving Record

List below any Traffic and/or Parking citations since you began driving, in this country or any other country.

Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition	Accident Related Y/N

- A) Have you ever operated a motor vehicle while under the influence of alcohol? ☐ YES ☐ NO

Explain: _____

- B) List all driver's or chauffeur's licenses you currently hold:

State _____ Lic. # and Type _____ Exp. Date _____

- C) Have you ever been licensed to drive in another state? ☐ YES ☐ NO If YES, list below:

State _____ Lic. # and Type _____

- D) Have you ever had your license revoked, suspended, or restricted? ? ☐ YES ☐ NO
If YES, list below:

State _____ Lic. # and Type _____

Date & Reason Susp/Revoked _____

- E) Have you ever attended a driver improvement school as a result of a traffic citation, or to dismiss the filing of a traffic citation? ☐ YES ☐ NO If YES, list below:

Date _____ Location/
Jurisdiction _____

What was the citation for? _____

10. Narcotics

Use the reverse side if more space is needed to explain YES answers. Include the number of times and dates drug was used.

- 1) Have you ever tried or used an illegal narcotic or dangerous drug, either in pill form or by injection, or any other manner of ingestion? ☐ YES ☐ NO

Type of Drug	Month / Year of last use	Total times tried before age 21 (check appropriate box)					Total times tried after age 21 (check appropriate box)				
		1	2-5	6-10	11-20	21+	1	2-5	6-10	11-20	21+
Marijuana											
Hash											
Cocaine											
Crack											
Speed											
Heroin											
Opium											
Morphine											
LSD											
Acid											
Peyote											
Mescaline											
Steroids											

	Type of Drug	Date you first tried	Date you last tried	Maximum times tried
Any other illegal drugs?				
Any prescription drugs not prescribed for your use				
Obtained any prescription drug in an illegal manner				

- 2) Have you ever GIVEN or SOLD prescription drugs, marijuana, or any other illegal narcotic or dangerous drugs? ☐ YES ☐ NO If YES, explain:

- 3) Has anyone ever used narcotics (refer to #10) in your family? ☐ YES ☐ NO If YES, explain:

11. Answer the Following
(use page 15 for detailed explanations)

#		YES	NO
A	Have you ever had your wages attached?		
B	Have you ever been a party to a small claims or other court action?		
C	Have you ever been involved with any civil court action?		
D	Have you ever had judgement rendered against you?		
E	Have you ever been refused credit?		
F	Have you ever had any property repossessed?		
G	Have you ever been fired, discharged or asked to resign from any position?		
H	Have the police ever been called to your home?		
I	Have you ever committed any criminal violation that has gone undetected?		
J	Have you or your spouse ever been sued or summoned into court?		

#		YES	NO
K	Have any relatives of you or your spouse ever been convicted of any crime or imprisoned?		
L	Do you now or have you ever had any gambling debts?		
M	Have you ever used an employer's money to gamble with?		
N	Have you ever worked for a gambling operation or booked any bets?		
O	Have you ever had an F.B.I. fingerprint check for any reason?		
P	In any employment setting, including military service, have you ever received any verbal or written reprimands or suspensions for violations of company policy?		
Q	Would you have any difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality?		
R	In any job that you've held, have you been involved in any physical or major verbal confrontations?		
S	Would you be able to follow direct orders, even though you may not agree with them?		
T	In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition?		
U	Have you ever left a place of employment without giving two weeks notice?		
V	Have you ever operated a motor vehicle while under the influence of alcohol or drugs, to the point that you knew that you should not have been driving?		
W	Have you ever been extensively delinquent on any of your financial obligations?		
X	Have you ever filed for bankruptcy?		
Y	Have you ever had any of your financial obligations turned over to a collection agency?		
Z	Are you now current on your financial obligations?		
AA	Have you ever been placed on court supervision or probation?		
BB	Have you ever had any court proceedings expunged?		
CC	Have you been unemployed during the last 10 years? If yes, explain below how you supported yourself.		
DD	Do you pay child support or spousal maintenance?		
EE	Are your support payments current?		

List the date of each occurrence.

[illegible]

Police Officer Applicants Only

If the necessity for you to shoot a human being, in the course of your duties as a police officer, would you have any reluctance to do so?

YES _____ NO _____ If yes, explain: _____

CERTIFICATION

I hereby certify under penalty of A.R.S. 13-2701 and 39-161, that the entries on this statement are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that a knowing and willfully false statement on this form constitutes a violation of the law, and cause to initiate action to suspend or revoke certified peace officer status.

Signature _____ Date _____

Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance habits, employment, education, subversive activities, family, associations, undetected criminal offenses, traffic violations, or residence? If YES, provide full information below.

YES _____ NO _____

12. SUPPLEMENTARY BACKGROUND INFORMATION

Please use this page to describe the following:

1. Why do you want to be a Police Department Employee?

2. What qualities do you possess that would make you a good Police Department Employee?

FLAGSTAFF POLICE DEPARTMENT
911 E. Sawmill Road
Flagstaff, AZ 86001

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, DO HEREBY AUTHORIZE and release from any liability, any and all individuals, partnerships, corporations, civilian and government agencies, military agencies, law enforcement agencies, private, City, County, State, and Federal entities including FLAGSTAFF POLICE DEPARTMENT to release, furnish, and exchange any and all available information, including medical records, regarding me in order that my suitability for law enforcement work may be determined. This includes, but is not limited to my character, integrity, and reputation.

Signed

Date

Social Security Number

Home Phone

Contact Phone

The foregoing instrument was ACKNOWLEDGED before
me this _____ day of _____,

_____.

-SEAL-

Notary

Commission Expires